

Person 1 (continued)

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

30 a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 31
 No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
 No → SKIP to question 36a

31 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.

a. Address (Number and street name)

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

b. Name of city, town, or post office

c. Is the work location inside the limits of that city or town?

- Yes
 No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

32 How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer questions 33–35 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 36.

33 How many people, including this person, usually rode to work in a car, truck, or van LAST WEEK?

Person(s)

34 LAST WEEK, what time did this person's trip to work usually begin?

Hour : Minute a.m.
 : a.m.
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35 How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

L Answer questions 36–39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

36 a. LAST WEEK, was this person on layoff from a job?

- Yes → SKIP to question 36c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
 No → SKIP to question 37

36 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 38
 No

37 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
 No → SKIP to question 39

38 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

39 When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → SKIP to **M**
 Over 5 years ago or never worked → SKIP to question 43

40 a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- Yes → SKIP to question 41
 No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK



Person 1 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business, professional practice, or farm
- Owner of incorporated business, professional practice, or farm
- Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

PRIVATE SECTOR EMPLOYEE

- Employee of a **For-profit** company or organization, or of an individual
- Employee of a **Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** employee (for example: city or county school district)
- State government** employee (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bond dues, or other items.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report net income after business expenses.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

- Yes → \$, , .00
- No
- TOTAL AMOUNT for past 12 months
- Loss

d. Social Security or Railroad Retirement

- Yes → \$, .00
- No
- TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI)

- Yes → \$, .00
- No
- TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, .00
- No
- TOTAL AMOUNT for past 12 months

g. Retirement income pensions, survivor or disability income. Include income from a previous employer or union, from regular withdrawals or distributions from IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

- Yes → \$, .00
- No
- TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes → \$, .00
- No
- TOTAL AMOUNT for past 12 months

44 What was this person's total income during the PAST 12 MONTHS? Add entries in question 43a through h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, .00
- None
- TOTAL AMOUNT for past 12 months
- Loss

→ Continue with the questions for Person 2 on the next page. If no one is listed as person 2 on page 3, SKIP to page 28 for mailing instructions.



Person 2 (continued)

29 Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... 100%)
 No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
 10 or 20 percent
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 50 or 60 percent
 70 percent or higher

30 a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 31
 No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

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31 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.

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 No, outside the city/town limits

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| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 40a |
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Person(s)

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- Yes → SKIP to question 36c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
 No → SKIP to question 37

36 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 38
 No

37 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
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Person 2 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

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PRIVATE SECTOR EMPLOYEE

- Employee of a **For-profit** company or organization, or of an individual
- Employee of a **Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** employee (for example: city or county school district)
- State government** employee (including state colleges/universities)
- Active duty** U.S. Armed Forces or Commissioned Corps
- Federal government** civilian employee

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
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b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. (Report NET income after business expenses.)

- Yes → \$, , .
- No TOTAL AMOUNT for past 12 months Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

- Yes → \$, , .
- No TOTAL AMOUNT for past 12 months Loss

d. Social Security or Railroad Retirement

- Yes → \$, , .
- No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , .
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f. Any public assistance or welfare payments from the state or local welfare office.

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g. Retirement income, pensions, survivor or disability income (include income from a previous employer or union, and regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.)

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h. Any other sources of income received regularly such as Veterans' (or payments, unemployment compensation, child support or alimony). Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.

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- OR \$, , .
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Person 3 (continued)

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c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

- Yes → \$, , , .00
- No
- TOTAL AMOUNT for past 12 months
- Loss

d. Social Security or Railroad Retirement

- Yes → \$, , .00
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e. Supplemental Security Income (SSI)

- Yes → \$, , .00
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f. Any public assistance or welfare payments from the state or local welfare office.

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h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.

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- OR \$, , .00
- None
- TOTAL AMOUNT for past 12 months

→ Please stop here. Thank you.

